

the rate of same-day discharge. This audit evaluated the effectiveness of this change and factors influencing patient stay.

**Methodology:** Data was collected retrospectively. All patients undergoing pinnaplasties from the March 2009–April 2010 were identified from theatre databases using the ORMIS procedure codes D03.1 and D03.3. One month was allowed after policy change before the 2nd cycle of the audit was performed for another 12 months.

**Results:** A total of 55 patients were audited in the 1st cycle and 49 in the 2nd cycle. There was a significant increase of 28% in the number of pinnaplasties performed as day cases post-policy change from the 1st cycle rate of 62% ( $p=0.001$ ). All pinnaplasties were performed under general anaesthetic. Gender, mean age, distance from hospital, grade of operating surgeon, and anaesthetic duration had no influence on patient stay. Post-policy change, 5 patients required overnight stay for pain ( $n=2$ ) and vomiting ( $n=3$ ).

**Conclusions:** We have demonstrated that a significant increase in pinnaplasties done as day-cases can be achieved by a simple change in policy without compromising patient care.

## 1103 WINNER OF RCS/ASIT POSTER PRIZE: WHO NEEDS A DOCTOR TO IDENTIFY A MALIGNANT MELANOMA?

Catherine Bradshaw, Elisabeth Royston, Paul Stephens, Peter Budny. *Stoke Mandeville Hospital, Aylesbury, Buckinghamshire, UK*

**Aims:** The incidence of cutaneous melanoma is increasing faster than any other cancer worldwide (Lens 2004). We hypothesize that lay people can distinguish between malignant melanoma and benign naevi with a similar accuracy to specialist doctors, highlighting the importance of self-examination for early diagnosis.

**Methods:** Standardised photographs with a histological diagnosis of either malignant melanoma or benign naevi were selected. Three cohorts – specialist doctors (plastic surgeons and dermatologists), non specialist doctors and lay people – were asked to identify these photographs as benign or malignant. Participants then received a short educational leaflet on recognition of melanoma and asked to re-assess the same photographs.

**Results:** There was no significant difference in the correct identification rates between specialist doctors, non-specialist doctors and lay people (mean scores of 88%, 90% and 79% respectively). Following education, across all cohorts the number of benign lesions incorrectly identified as melanoma increased (false positives). The rate of missed melanoma remained less than 3% throughout the study (false negatives).

**Conclusions:** Innately, most people can correctly distinguish between benign and malignant lesions. This questions the current dogma for education focusing on recognition of specific features of malignant melanomas. Patient awareness and self-examination are therefore important for early diagnosis.

## 1107: ARE PLASTIC SURGEONS EXCISING TOO MANY BENIGN LESIONS? SKIN LESIONS EXCISED IN A TERTIARY REFERRAL CENTRE

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**Aim:** With existing resources, the demand for management of malignant skin lesions, in addition to the expanding benign cohort is unsustainable – reflected in longer waiting-lists. We audited lesions excised over a 6-month period in our Plastic Surgery service.

**Methods:** Theatre log-books and histopathological reports of skin lesions excised in April–October 2010 were analysed. Additionally, a proforma was completed by plastic surgery trainees to assess the surgeon's clinical impression of lesions excised in September 2011.

**Results:** 825 lesions were excised in 580 patients, 56% female, 44% male. Benign to malignant ratio (BMR) was 3.7:1, 608 (79%) benign lesions versus 165 (21%) malignant. Of the malignant lesions excised, basal cell carcinoma were most common (128), followed by squamous cell (32) and malignant melanoma (4). Data was available on 125 lesions excised in September 2011. 96 lesions (76.8%) were suspected benign and 29 lesions (24.4%) either high-risk or malignant lesions. GP impressions were obtained for 84 patients giving a GP malignant lesion sensitivity of 56% (14/25). Plastic surgeons clinical impressions were obtained on 110 patients giving a malignant lesion sensitivity of 90.3% (28/31).

**Conclusion:** The large proportion of benign lesions excised is questionable, potentially warranting re-evaluation of policies dictating current practice.

## 1128: A SINGLE CENTER 10 YEAR REVIEW AND SUB-SET DATA ANALYSIS OF BECKER EXPANDER BREAST IMPLANTS

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**Aim:** To identify, review and analyse the data of 'Becker' breast implants inserted at the Queen Victoria Hospital, East Grinstead, over a 10 year period (1999–2009), and compare results with the published literature.

**Method:** Patients undergoing breast implantation using Becker Expander Implants were identified from theatre records and coding. Case notes of the 368 patients (424 implants) identified were retrospectively studied, looking at patient demographics, reasons for implantation and explantation, volumes expanded, complications, type of Becker implanted used and time in-situ.

**Results:** Average time in-situ was 47.46 months, with the average volume expansion being 272.25ml. 2 in 5 implants were exchanged for fixed volume implants, a finding consistent with all reasons for use of Becker breast expanders.

Complication rates were statistically higher in the Cancer reconstruction group (15.7%) ( $p=0.05$ ). There was no statistical difference between whether or not an anatomical (Becker 35) or Round (Becker 25 & 50) was used.

**Conclusions:** Becker breast implants are a cost effective and reliable method of breast reconstruction in a variety of indications. However, a large number of these implants are explanted and exchanged for fixed volume implants having suffered no complication to warrant explantation.

## 1148: PREDICTING RECURRENCE IN PATIENTS UNDERGOING SENTINEL LYMPH NODE BIOPSY FOR MELANOMA

Kenneth Joyce, Fiachra Martin, Niall McNerney, Deirdre Jones, Michael Kerin, Jack Kelly, Alan Hussey, Padraic Regan. *Galway University Hospital, Galway, Ireland*

**Aims:** The aim of this study was to audit all melanoma patients who underwent SLNBx in Galway University Hospital between 2005–2010.

**Methods:** Binary Logistic regression analysis was performed using SPSSv18 on recognised predictive parameters of tumour aggression with relation to sentinel node positivity and recurrence rates. 186 melanoma patients underwent SLNBx between 2005–2010. Patients were assessed through retrospective analysis of histopathology reports, chart and radiology review.

**Results:** 186 patients underwent SLNBx, 115 female (63%) and 69 male (37%). Superficial spreading melanoma was the most common subtype (46%) followed by nodular melanoma (25.5%). 169 patients had a negative sentinel node, 15 patients a positive node and in 2 patients a sentinel node could not be identified. SLNBx positive patients had an average Breslow thickness of 3.9mm compared with 2.1mm in SLNBx negative patients. Breslow depth and ulceration of the primary tumour were identified as the strongest predictors of sentinel node positivity. The strongest predictor of local recurrence was melanoma subtype with nodular melanoma associated with 62.5% of all local recurrences.

**Discussion:** SLNB is central to staging of malignant melanoma. This study highlights factors that predict those who are at high risk of recurrence in the presence of a negative SLNB.

## 1158: THE VERY LONG POSTERIOR TIBIAL ARTERY (VLPTA) FLAP: CONCLUSIONS FROM CASE SERIES AND LITERATURE REVIEW

Leela Sayed, Noemi Kelemen, Stephen Williams, Graham Offer. *Leicester Royal Infirmary, Leicester, UK*

**Aims:** Case series and literature review outlining the advantages and complications of using a pedicled very long posterior tibial artery (VLPTA) flap in patients with lower limb injuries and/or infection.

**Methods:** We report three patients who underwent below-knee amputation and reconstruction using the VLPTA flap. Approximately 10cm of tibia was preserved. Intact intrinsic foot muscles and sole of the foot were harvested with subsequent proximal dissection of the posterior tibial neurovascular pedicle. The heel pad was secured over the anterior aspect of the tibia. An Ovid Medline search was also performed.